Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
			(Column 1) (Co		(Colur	ımn 2)		TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS 33								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			33 minus 20=		* 13			X\$ 9=		OR	X\$18=	234
INDEPENDENT CLAIMS			minus 3 = *		<u>* 5</u>	* 5		X42=		OR	X84=	420
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT	-				÷140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	•	TOTAL	,	OR	TOTAL	1394
CLAIMS AS AMENDED - PART II								OTHER THAN				
		(Column 1)	(Column 2)			(Column 3)	· -	SMALL ENTITY			SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ZENDEN	I CLAIN		۱	+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		_ ′			-							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER MOUSLY FOR	PRESENT EXTRA		RATE	addi- Tional Fee		RATE	ADDI- TIONAL FEE
₩ Q W	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		<u> </u>]	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]					_
								+140=		OR	+280=	
		,	TOTAL ADDIT. FEE	_	OR	TOTAL ADDIT. FEE						
	(Column 1) (Column 2) (Column 3)											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=			.000	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280= TOTAL	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												L
	The "Highest Nur	mber Previously Pa	aid For" (Total o	r Indepen	dent) is the	e highest number	er fou	und in the ap	propriate bo	x in co	olumn 1.	